



# The Age of the Disabling Professions

Our age will be remembered as the time  
when the professionals took control and we lost  
the ability to think and do for ourselves.

By Ivan Illich



**T**HE ILLUSIONS THAT PERmitted the installation of professions as arbiters of needs are now increasingly visible to common sense. Procedures in the service sector are often understood for what they are—Linus blankets, or rituals that hide from the provider-consumer caboodle the disparity and antipathy between the ideal for the sake of which the service is rendered and the reality that the service creates. Schools that promise equal enlightenment generate unequally degrading meritocracy and lifelong dependence on further tutorship; vehicles compel everyone to a flight forward. But the public has not yet clarified the choices. Projects under professional leadership could result in compulsory political creeds (with their accompanying versions of a new fascism), or experiences of citizens could dismiss our hubris as yet another historical collection of neo-Promethean but essentially ephemeral follies. Informed choice requires that we examine the specific role of the professions in determining who in this age got what from whom and why.

To see the present clearly, let us imagine the children who will soon play in the ruins of high schools, Hiltons, and hospitals. In these professional castles turned cathedrals, built to protect us

against ignorance, discomfort, pain, and death, the children of tomorrow will reenact in their play the delusions of our Age of Professions, as from ancient castles and cathedrals we reconstruct the crusades of knights against sin and the Turk in the Age of Faith. Children in their games will mingle the Uniquack which now pollutes our language with archaisms inherited from robber barons and cowboys. I see them addressing each other as chairman and secretary rather than as chief and lord. Of course, adults will blush when they slip into managerial pidgin with terms such as policy-making, social planning, and problem-solving.

The Age of Professions will be remembered as the time when politics withered, when voters guided by professors entrusted to technocrats the power to legislate needs, the authority to decide who needed what, and a monopoly over the means by which those needs should be met. It will be remembered as the Age of Schooling, when people for one-third of their lives were trained to accumulate needs on prescription and for the other two-thirds were clients of prestigious pushers who managed their habits. It will be remembered as the age when recreational travel meant a packaged gawk at strangers, and intimacy meant training by Masters and Johnson; when formed opinion was a replay of last night's talk-show, and voting, an endorsement to a salesman for more of the same.

Future students will be as much confused by the supposed differences between capitalist and socialist school, health care, prison, or transportation systems as today's students are by the claimed differences between justification by works as opposed to justification by faith in the late Reformation Christian sects. They will also discover that the professional librarians, surgeons, or supermarket designers in poor or socialist countries toward the end of each decade

# Voters, guided by professors, entrusted to technocrats the power to legislate needs.

came to keep the same records, use the same tools, and build the same spaces that their colleagues in rich countries had pioneered at the decade's beginning. Archeologists will periodize our life-span not by potsherds but by professional fashions, reflected in the mod-trends of United Nations publications.

It would be pretentious to predict whether this age, when needs were shaped by professional design, will be remembered with a smile or a curse. I hope, of course, that it will be remembered as the night when father went on a binge, dissipated the family fortune, and obligated his children to start anew. Sad to say, it will much more probably be remembered as the time when a whole generation's frenzied pursuit of impoverishing wealth rendered all freedoms alienable and, after first turning politics into the organized gripes of welfare recipients, extinguished it in expert totalitarianism.

It is true that people have recently lost the confidence to shape their own desires. The worldwide discrimination against the autodidact has vitiated many people's confidence in determining their own goals and needs. But the same discrimination has also resulted in a multiplicity of growing minorities who are infuriated by this insidious dispossession. Now these are barely beginning to grow and coalesce for public dissidence. Subjectively, these groups are ready to end an age. But to be dispatched, an age needs a name that sticks. I propose to call the mid-twentieth century the Age of Disabling Professions. I choose this designation because it commits those who use it. It exposes the antisocial functions performed by the least challenged providers—educators, physicians, social workers, and scientists. Simultaneously, it indicts the complacency of citizens who have submitted themselves to multifaceted bondage as clients.

But this focus on the makers of the social imagination and the cultural values does more than expose and denounce; by designating the last 25 years as the Age of Dominant Professions, one also proposes a strategy. One sees the necessity of going beyond the expert redistribution of wasteful, irrational, and paralyzing commodities, the hallmark of Radical Professionalism, the conventional wisdom of today's good guys. The strategy demands nothing less than the unmasking of the professional ethos.



## LET US FIRST FACE THE FACT

that the bodies of specialists that now dominate the creation, adjudication, and satisfaction of needs are a new kind of cartel. And this must be recognized in order to outflank their developing defenses. For we already see the new biocrat hiding behind the benevolent mask of the physician of old; the pedocrat's behavioral aggression is shrugged off as the overzealous,

perhaps silly, care of the concerned teacher; the personnel manager equipped with a psychological arsenal presents himself in the guise

of an old-time foreman. The new specialists, who are usually servicers of human needs that their speciality has defined, tend to wear the mask of love and to provide some form of care. They are more deeply entrenched than a Byzantine bureaucracy, more international than a world church, more stable than any labor union, endowed with wider competencies than any shaman, and equipped with a tighter hold over those they claim than any mafia.

The new, organized specialists must, first, be carefully distinguished from racketeers. Educators, for instance, now tell society what must be learned, and they write off what has been learned outside school. By this kind of monopoly, which enables tyrannical professions to prevent you from shopping elsewhere and from making your own booze, they at first seem to fit the dictionary definition of gangsters. But gangsters, for their own profit, corner a basic necessity by controlling supplies. Educators and doctors and social workers today—as did priests and lawyers formerly—gain legal power to create the need that, by law, they alone will be allowed to serve. They turn the modern state into a holding corporation of enterprises that facilitate the operation of their self-certified competencies.

Legalized control over work has taken many different forms: Soldiers of fortune refused to fight until they got the license to plunder; Lysistrata organized female chattels to enforce peace by refusing sex; doctors in Cos conspired by oath to pass trade secrets only to their offspring; guilds set the curricula, prayers, tests, pilgrimages, and hazings through which Hans Sachs had to pass before he was permitted to shoe his fellow burghers. In capitalist countries, unions attempt to control who shall work what hours for what pay. All these trade associations are attempts by specialists to determine how their kind of work shall be done and by whom. But none of these specialists are professionals in the sense that doctors, for instance, are today.

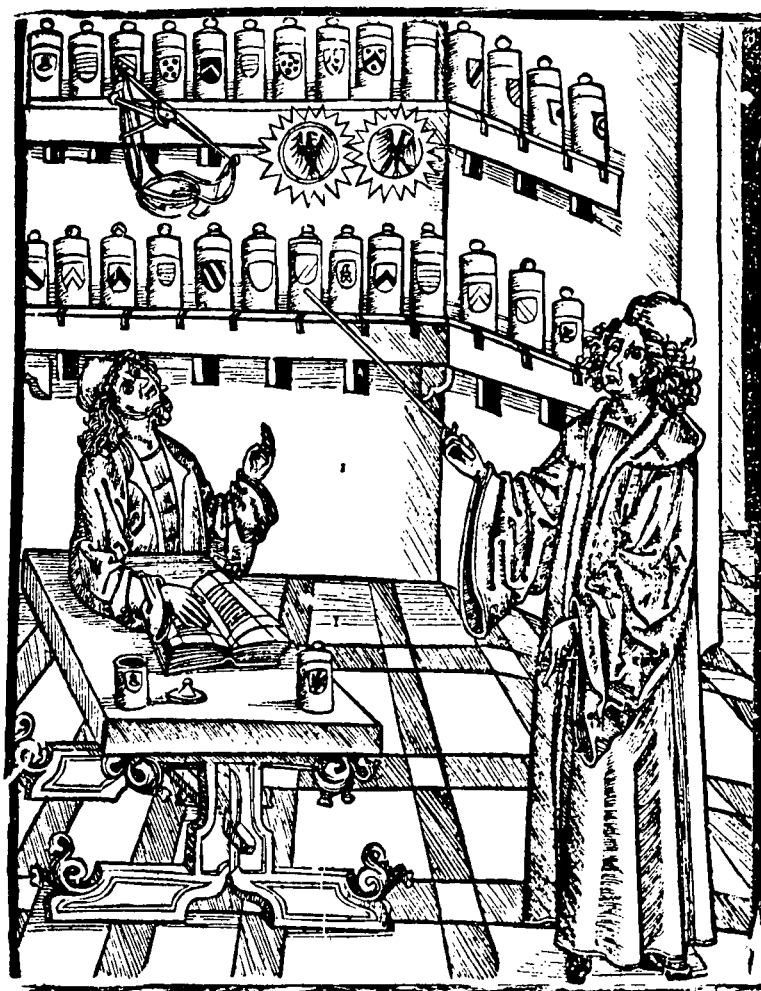
Today's domineering professionals, of whom physicians provide the most striking and painful example, go further: They decide what shall be made, for whom, and how it shall be administered. They claim special, incommunicable knowledge, not just about the way things are and are to be made, but also about the reasons why their services ought to be needed. Merchants sell you the goods they stock. Guildsmen guarantee quality. Some craftspeople tailor their product to your measure or fancy. Professionals, however, tell you what you need. They claim the power to prescribe. They not only advertise what is good but ordain what is right. Neither income, long training, delicate tasks, nor social standing is the mark of the professional. Their income can be low or taxed away, their training compressed into weeks instead of years; their status can approach that of the oldest profession. Rather, what counts is the professional's authority to define a person as client, to determine that person's need, and to hand that person a prescription which defines this new social role. Unlike the hookers of old, the modern professional is not one who sells what others give for free, but rather one who decides what ought to be sold and must not be given for free.

There is a further distinction between professional power and that of other occupations: Professional power springs from a different source. A guild, a union, or a gang forces respect for its interest and rights by a strike, blackmail, or overt violence. In contrast, a profession, like a priesthood, holds power by concession from an elite whose interests it props up. As a priesthood offers the way to salvation in the train of an anointed king, so a profession interprets, protects, and supplies a special this-worldly interest to the constituency of modern rulers. Professional power is a specialized form of the privilege to prescribe what is right for others and what they therefore need. It is the source of prestige and control within the industrial state. This kind of professional power could, of course, come into existence only in societies where elite membership itself is legitimated, if not acquired, by professional status—a society where governing elites are attributed a unique kind of objectivity in defining the moral status of a lack. It fits like a glove the age in which even access to parliament, the house of commons, is in fact limited to those who have acquired the title of master by accumulating knowledge stock in some college. Professional autonomy and license in defining the needs of society are the logical forms that oligarchy takes in a political culture that has replaced the means-

test by knowledge-stock certificates issued by schools. The professions' power over the work their members do is thus distinct in both scope and origin.

Professional power has also, recently, so changed in degree that two animals of entirely different colors now go by the same name. For instance, the practicing and experimenting health scientist consistently evades critical analysis by dressing up in the clothes of yesterday's family doctor. The wandering physician became the medical doctor when he left commerce in drugs to the pharmacist and kept for himself the power to prescribe them. At that moment, he acquired a new kind of authority by uniting three roles in one person: the sapiential authority to advise, instruct, and direct; the moral authority that makes its acceptance not just useful but obligatory; and the charismatic authority that allows the physician to appeal to some supreme interest of his clients that outranks not only conscience but sometimes even the *raison d'état*. This kind of doctor, of course, still exists, but within a modern medical system he is a figure out of the past. A new kind of health scientist is now much more common. He increasingly deals more with cases than with persons; he deals with the breakdown that he can perceive in the case rather than with the complaint of the individual; he protects society's interest rather than the person's. The authorities that, during the liberal age, had coalesced in the individual practitioner in his treatment of a patient are now claimed by the professional corporation in the service of the state. This entity now carves out for itself a social mission.

Only during the last 25 years has medicine turned from a liberal into a dominant profession by obtaining the power to indicate what constitutes a health need for people in general. Health specialists as a corporation have acquired the authority to determine what health care must be provided to society at large. It is no longer the individual professional who imputes a "need" to the individual client, but a corporate agency that imputes a need to entire classes of people and then claims the mandate to test the complete population in order to identify all who belong to the group of potential patients. And what happens in health care is thoroughly consistent with what goes on in other domains. New pundits constantly jump on the bandwagon of the therapeutic-care provider: educators, social workers, the military, town planners, judges, policemen, and their ilk have obviously made it. They enjoy wide autonomy in creating the diagnostic tools by which they then catch their clients for treatment. Dozens of other need-creators try: International bankers "diagnose" the ills of an African country and then induce it to swallow the prescribed treatment, even though the "patient" might die; security specialists evaluate the loyalty risk in a citizen and then extinguish his private sphere; dogcatchers sell themselves to the public as pest controllers and claim a monopoly over the lives of stray dogs. The only way to prevent the escalation of needs is a fundamental, political exposure of those illusions that legitimate dominating professions.



and the psychiatrist the "right" antidepressant, and the schoolmaster—now acting with the fuller power of "educator"—feels entitled to push his method between you and anything you want to learn. Each new specialty in service production thrives only when the public has accepted and the law has endorsed a new perception of what ought not to exist. Schools expanded in a moralizing crusade against illiteracy, once illiteracy had been defined as an evil. Maternity wards mushroomed to do away with home births.

Professionals claim a monopoly over the definition of deviance and the remedies needed. For example, lawyers assert that they alone have the competence and the legal right to provide assistance in divorce. If you devise a kit for do-it-yourself divorce, you find yourself in a double bind: If you are not a lawyer, you are liable for practicing without a license; if you are a member of the bar, you can be expelled for unprofessional behavior. Professionals also claim secret knowledge about human nature and its weaknesses, knowledge they are also mandated to apply. Gravediggers, for example, did not become members of a profession by calling themselves morticians, by obtaining college credentials, by raising their incomes, or by getting rid of the odor attached to their trade by electing one of themselves president of the Lion's Club. Morticians formed a profession, a dominant and disabling one, when they acquired the muscle to have the police stop your burial if you are not embalmed and boxed by them. In any area where a human need can be imagined, these new disabling professions claim that they are the exclusive wardens of the public good.

The transformation of a liberal profession into a dominant one is equivalent to the legal establishment of a church. Physicians transmogrified into biocrats, teachers into gnosocrats, morticians into thanatocrats, are much closer to state-supported clergies than to trade associations. The professional as teacher of the current brand of scientific orthodoxy acts as theologian. As moral entrepreneur, he acts the role of priest—he creates the need for his mediation. As crusading helper, he acts the part of the missionary and



ANY PROFESSIONS ARE SO well established that they not only exercise tutelage over the citizen-become-client but also determine the shape of his world-become-world. The language in which he perceives himself, his perception of rights and freedoms, and his awareness of needs all derive from professional hegemony.

The difference between craftsman, liberal professional, and the new technocrat can be clarified by comparing their typical reactions to people who neglect their respective advice. If you did not take the craftsman's advice, you were a fool. If you did not take liberal counsel, society blamed you. Now the profession or the government may be blamed when you escape from the care that your lawyer, teacher, surgeon, or shrink has decided upon for you. Under the pretense of meeting needs better and on a more equitable basis, the service professional has mutated into a crusading philanthropist. The nutritionist prescribes the "right" formula for the infant

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hunts down the underprivileged. As inquisitor, he outlaws the unorthodox—he imposes his solutions on the recalcitrants who refuse to recognize that they are a problem. This multifaceted investiture with the task of relieving a specific inconvenience of man's estate turns each profession into the analogue of an established cult. The public acceptance of domineering professions is thus essentially a political event. The new profession creates a new hierarchy, new clients and outcasts, and a new strain on the budget. But also, each new establishment of professional legitimacy means that the political tasks of lawmaking, judicial review, and executive power lose more of their proper character and independence. Public affairs pass from the layperson's elected peers into the hands of a self-accrediting elite.

When medicine recently outgrew its liberal restraints, it invaded legislation by establishing public norms. Physicians had always determined what constitutes disease; dominant medicine now determines what diseases society shall not tolerate. Medicine has invaded the courts. Physicians had always diagnosed who is sick; dominant medicine, however, brands those who must be treated. Liberal practitioners prescribed a cure: dominant medicine has public powers of correction; it decides what shall be done with or to the sick. In a democracy, the power to make laws, execute them, and achieve public justice must derive from the citizens themselves. This citizen control over the key powers has been restricted, weakened, and sometimes abolished by the rise of churchlike professions. Government by a congress that bases its decisions on expert opinions of such professions might be government for, but never by, the people. This is not the place to investigate the intent with which political rule was thus weakened; it is sufficient to indicate the professional disqualification of lay opinion as a necessary condition for this subversion.

Citizen liberties are grounded in the rule that excludes hearsay from testimony on which public decisions are based. What people can see for themselves and interpret is the common ground for binding rules. Opinions, beliefs, inferences, or persuasions ought not to stand when in conflict with the eyewitness—ever. Expert elites could become dominant professions only by a piecemeal erosion and final reversal of this rule. In the legislature and courts, the rule against hearsay evidence is now, *de facto*, suspended in favor of the opinions proffered by the members of these self-accredited elites.

But let us not confuse the public use of expert factual knowledge with a profession's corporate exercise of normative judgment. When a craftsman, such as a gunmaker, was called into court as an expert to reveal the secrets of his trade, he apprenticed the jury to his craft on the spot. He demonstrated visibly from which barrel the bullet had come. Today, most experts play a different role. The dominant professional provides jury or legislature with his fellow initiate's opinion rather than with factual evidence and a skill. He calls for a suspension of the hearsay rule and inevitably undermines the rule of law. Thus, democratic power is ineluctably abridged.



ROFESSIONS COULD NOT have become dominant and disabling unless people had been ready to experience as a lack that which the expert imputed to them as a need. Their mutual dependence as tutor and charge has become resistant to analysis because it has been obscured by corrupted language. Good old words have been made into branding irons that claim wardship for experts

over home, shop, store, and the space or ether between them. Language, the most fundamental of commons, is thus polluted by twisted strands of jargon, each under the control of another profession. The disseizin of words, the depletion of ordinary language and its degradation into bureaucratic terminology, parallels in a more intimately debasing manner that particular form of environmental degradation that dispossesses people of their usefulness unless they are gainfully employed. Possible changes in design, attitudes, and laws that would retrench professional dominance cannot be proposed unless we become more sensitive to the misnomers behind which this dominance hides.

When I learned to speak, "problems" existed only in math or chess; "solutions" were saline or legal, and "need" was mainly used as a verb. The expressions "I have a problem" or "I have a need" both sounded silly. As I grew into my teens and Hitler worked at "solutions," the "social problem" also spread. "Problem" children of ever newer shades were discovered among the poor as social workers learned to brand their prey and to standardize their "needs." Need, used as a noun, became the fodder on which professions fattened into dominance. Poverty was modernized. Management translated poverty from an experience into a measure. The poor became the "needy."

During the second half of my life, to be "needy" became respectable. Computable and imputable needs moved up the social ladder. It ceased to be a sign of poverty to have needs. Income opened new registers of need. Spock, Comfort, and vulgarizers of Nader trained laymen to shop for solutions to problems they learned to cook up according to professional recipes. Education qualified graduates to climb ever more rarefied heights and implant and cultivate there ever newer strains of hybridized needs. Prescriptions increased and competences shrank. In medicine, for example, ever more pharmacologically active drugs when on prescription, and people lost their will and ability to cope with indisposition or even discomfort. In American supermarkets, where it is estimated that about 1500 new products appear each year, less than 20 percent survive more than one year on the shelves, the remainder having proved unsellable, faddish, risky, or unprofitable, or obsolete competitors with new models. Therefore consumers are increasingly forced to seek guidance from professional consumer protectors.

Furthermore, the rapid turnover of products renders wants shallow and plastic. Paradoxically, then, high aggregate consumption resulting from engineered needs fosters growing consumer indifference to specific, potentially felt wants. Increasingly, needs are created by the advertising slogan and by purchases made by order from the registrar, beautician, gynecologist, and dozens of other prescribing diagnosticians. The need to be formally taught how to need, be this by advertising, prescription, or guided discussion in the collective or in the commune, appears in any culture where decisions and actions are no longer the result of personal experience in satisfaction, and the adaptive consumer cannot but substitute learned for felt needs. As people become apt pupils in learning how to need, the ability to shape wants from experienced satisfaction becomes a rare competence of the very rich or the seriously undersupplied. As needs are broken down into ever smaller component parts, each managed by an appropriate specialist, the consumer experiences difficulty in integrating the separate offerings of his various tutors into a meaningful whole that could be desired with commitment and possessed with pleasure. The income managers, lifestyle counselors, consciousness-raisers, academic advisers, food-fad experts, sensitivity developers, and others like them clearly per-

ceive the new possibilities for management and move in to match packaged commodities to the splintered needs.

Used as a noun, "need" is the individual offprint of a professional pattern; it is a plastic-foam replica of the mold in which professionals cast their staple; it is the advertised shape of the brood cells out of which consumers are produced. To be ignorant or unconvinced of one's own needs has become the unforgivable antisocial act. The good citizen is one who imputes standardized needs to himself with such conviction that he drowns out any desire for alternatives, much less for the renunciation of needs.

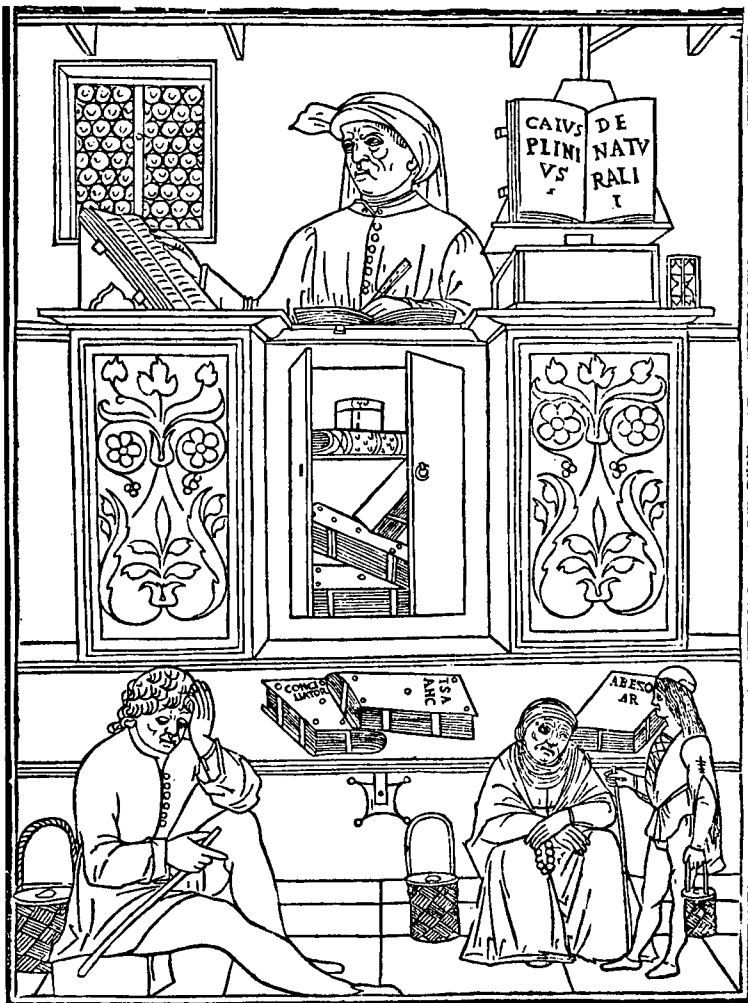


**WHEN I WAS BORN, BEFORE** Stalin and Hitler and Roosevelt came to power, only the rich, hypochondriacs, and members of elite unions spoke of their need for medical care when their temperatures rose. Doctors then, in response, could not do much more than grandmothers had done. In medicine the first mutation of needs came with sulfa drugs and antibiotics. As the control of infections

became a simple and effective routine, drugs went more and more on prescription. Assignment of the sick-role became a medical monopoly. The person who felt ill had to go to the clinic to be labeled with a disease name and to be legitimately declared a member of the minority of the so-called sick: people excused from work, entitled to help, put under doctor's orders, and enjoined to heal in order to become useful again. Paradoxically, as pharmacological technique—tests and drugs—became so predictable and cheap that one could have dispensed with the physician, society enacted laws and police regulations to restrict the free use of those procedures that science had simplified, and placed them on the prescription list.

The second mutation of medical needs happened when the sick ceased to be a minority. Today, few people eschew doctors' orders for any length of time. In Italy, the United States, France, or Belgium, one out of every two citizens is being watched simultaneously by several health professionals who treat, advise, or at least observe him or her. The object of such specialized care is, more often than not, a condition of teeth, womb, emotions, blood pressure, or hormone levels that the patient himself does not feel. Patients are no more in the minority. Now, the minority are those deviants who somehow escape from any and all patient-roles. This minority is made up of the poor, the peasants, the recent immigrants, and sundry others who, sometimes on their own volition, have gone medically awol. Just 20 years ago, it was a sign of normal health—which was assumed to be good—to get along without a doctor. The same status of nonpatient is now indicative of poverty or dissidence. Even the status of the hypochondriac has changed. For the doctor in his forties, this was the label applied to the gate-crashers in his office—the designation reserved for the imaginary sick. Now, doctors refer to the minority who flee them by the same name: Hypochondriacs are the imaginary healthy. To be plugged into a professional system as a lifelong client is no longer a stigma that sets apart the disabled person from citizens at large. We now live in a society organized for deviant majorities and their keepers. To be an active client of several professionals provides you with a well-defined place within the realm of consumers for the sake of whom our society functions. Thus, the transformation of medicine from a liberal consulting profession into a dominant, disabling profession has immeasurably increased the number of the needy.

At this critical moment, imputed needs move into a third mutation. They coalesce into what the experts call a multidisciplinary program necessitating, therefore, a multiprofessional solution. First, the proliferation of commodities, each tending to turn into a requirement, has effectively trained the consumer to need on command. Next, the progressive fragmentation of needs into ever smaller and unconnected parts has made the client dependent on professional judgment for the blending of his needs into a meaningful whole. The auto industry provides a good example. By the end of the sixties, the advertised optional equipment needed to make a



basic Ford desirable had been multiplied immensely. But contrary to the customer's expectations, this "optional" flim-flam is in fact installed on the assembly line of the Detroit factory, and the shopper in Plains is left with a choice between a few packaged samples that are shipped at random: He can either buy the convertible that he wants but with the green seats he hates, or he can humor his girlfriend with leopard-skin seats at the cost of buying an unwanted paisley hardtop.

Finally, the client is trained to need a team approach to receive what his guardians consider "satisfactory treatment." Personal services that improve the consumer illustrate the point. Therapeutic affluence has exhausted the available lifetime of many whom service professionals diagnose as standing in need of more. The intensity of the service economy has made the time needed for the consumption of pedagogical, medical, and social treatments increasingly scarce. Time scarcity may soon turn into the major obstacle to the consumption of prescribed, and often publicly financed, services. Signs of such scarcity become evident from one's early years. Already in kindergarten, the child is subjected to management by a team made up of such specialists as the allergist, speech pathologist, pediatrician, child psychologist, social worker, physical-education instructor, and teacher. By forming such a pedocratic team, many different professionals attempt to share the time that has become the major limiting factor to the imputation of further needs. For the adult, it is not the school but the workplace where the packaging of services focuses. The personnel manager, labor educator, in-service trainer, insurance planner, consciousness-raiser find it more profitable to share the worker's time than to compete for it. A need-less citizen would be highly suspicious. People are told that they need their jobs not so much for the money as for the services they get. The commons are extinguished and replaced by a new placenta built of funnels that deliver professional services. Life is paralyzed in permanent intensive care.